

# Compensation of Hospital Employees

Calendar Year:		2014						
Entity Name:		Olympic Medical Center						
(A)Employee Name (who does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(B) Breakdown of W-2 and/or 1099 MISC Compensation			(C) Retirement and Deferred Compensation	(D)Non- Taxable Benefits	(E) Total
			(i) Base Compensation	(ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation			
1 Lewis, Eric	Yes	Olympic Medical Center	193,978	-	1,402	13,422	17,163	225,966
2 Kennedy, Robert	No	Olympic Medical Center	177,005	-	-	8,884	17,072	202,961
3 Rukstad, Julie	No	Olympic Medical Center	153,446	-	-	10,741	13,662	177,849
4 Newman, Richard	No	Olympic Medical Center	136,812	-	9,475	9,577	13,169	169,033
5 Wall,Lorraine	No	Olympic Medical Center	133,428	-	-	9,358	9,384	152,170
6								0
7								0
8								0
9								0
10								0
11								0
12								0
13								0
14								0
15								0

Add Additional lines as needed

Notes:

Please refer to IRS Form 990 and Schedule J for definitions of types of compensation

Form 990 Schedule J <http://www.irs.gov/pub/irs-pdf/i990sj.pdf>

If the five highest paid employees do not include the lead administrator, please report compensation information for the lead administrator on line 1, and for the five highest paid employees without patient care responsibilities on lines 2 through 6.

Please submit compensation information to DOH either by mail, fax or email to the following address:

Washington State Department of Health

Center for Health Statistics/Hospital and Patient Data Section

MS: 47814

Olympia, WA 98504-7814

Fax: (360) 753-4135

email: [hos@doh.wa.gov](mailto:hos@doh.wa.gov)